STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON				NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	N OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING  O  O  O  O  O  O  O  O  O  O  O  O  O				ETED		
			B. WING			04/19/2	011
NAME OF P	DOMDED OF GIRDING	<u> </u>			ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIEI	N.			IVERWALK WAY NORTH		
RIVERW	ALK COMMONS			NOBLE	SVILLE, IN46062		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE
R0000							
	This visit was	for Investigation of	R0	000			
	Complaint IN	~					
	Complaint IIV	00000100.					
	Commission DI	00000100.					
	Complaint IN						
		State residential					
	deficiency rela	ated to the allegations					
	is cited at R00	006.					
	Curvey detect	April 18 & 19, 2011					
	Survey dates.	April 18 & 19, 2011					
	Facility numb	er: 004417					
	Provider num	ber: 004417					
	AIM number:	N/A					
	Curvoy toom:	Debora Barth, RN					
	Survey team.	Debota Bartii, Kiv					
	~						
	Census bed ty	rpe:					
	Residential:	97					
	Total: 97						
	Census payor	tuna:					
	1 2	type.					
	Other: 97						
	Total: 97						
	Sample: 4						
	•						
	This state resi	dential finding is					
		_					
	cited in accord	dance with IAC 16.2.					
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE		TITLE		(X6) DATE

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

0MRO11

Facility ID:

004417

If continuation sheet

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 04/19/2011
	PROVIDER OR SUPPLIER		STREET 7235 R	ADDRESS, CITY, STATE, ZIP CODE RIVERWALK WAY NORTH ESVILLE, IN46062	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	Quality review by Jennie Bart	completed 4/21/11 elt, RN.			
R0006	resident: (1) is a danger to (2) requires twenty comprehensive nu comprehensive nu (3) requires less th per day comprehe comprehensive nu rehabilitative thera into a contract with provider of the resident (5) meets at least three (3) criteria u medically stable a meet the resident (A) Requires total (B) Requires total (C) Requires total transferring.  Based on obse	arsing oversight; an twenty-four (24) hour ansive nursing care, arsing oversight, or apies and has not entered an an appropriately licensed aident's choice to provide  y stable; or two (2) of the following alless the resident is and the health facility can 's needs: assistance with eating. assistance with toileting.	R0006	The creation and submission this Plan of Correction does not constitute an admission by this	ot   OS/13/2011
	failed to ensur a danger to hir from the facili required 24 ho	e a resident who was mself was discharged ty. The resident curs of nursing care to ety due to wandering		provider of any conclusion by the provider of any conclusion set forth in the statement of deficiencies, or any violation or regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credi Allegation and requests Desk	f

004417

	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	. BUILDING OA/10			ETED	
			B. WIN	G		04/19/2	011	
NAME OF	PROVIDER OR SUPPLIEI	3	•	STREET A	ADDRESS, CITY, STATE, ZIP CODE	•		
				1	IVERWALK WAY NORTH			
RIVERW	ALK COMMONS			NOBLE	ESVILLE, IN46062			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
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TAG	•	LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE	
	and elopemen	t. The resident			Review in lieu a Post Survey Review on or after May 19,			
	eloped withou	it staff knowledge and			2011.R006 Scope of Resident	ial		
	was found and	d returned to the			Carelt is the practice of this			
	facility by a v	isitor. The deficient			provider to establish and			
	1				implement a written policy ma			
	1 *	ted 1 of 4 residents			to ensure that resident care an facility objectives are	iu		
		ted to accidents in a			attained.What corrective actio	ns		
	sample of 4.	(Resident A)			will be accomplished for those	;		
					residents found to have been			
	Findings inclu	ıde·			affected by the deficient practice:Care plan meeting he	JI4		
					on 5/4/11 with Residents famil			
	D 11 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			review the comprehensive	,		
		as observed sitting at a			nursing care that is needed fo			
	table in the di	ning/activity area on			resident's safety as indicated			
	4/18/11 at 1:0	0 p.m. and again at			the Indiana State Department Health.During the care plan	OI		
	3:00 p.m. He	was drinking coffee			meeting with resident's family	and		
	1 ^	He was painting with			General Manager it was agree			
	1 *	of CNA # 2 at 3:00			that resident will be transferre			
		01 CNA # 2 at 3.00			a comprehensive care community of the families choice. General	-		
	p.m.				Manager will be assisting fam			
					with relocation process. To ens			
	The clinical re	ecord for Resident A			residents safety 15-minute			
	was reviewed	on 4/18/11 at 11:15			checks will be implemented un resident is discharged from	ntil		
		dent had diagnoses			community.How will you ident	ifv		
		•			other residents having the	,		
		d, but were not			potential to be affected by the			
		mentia, arthritis, high			same deficient practice and w			
	blood pressure	e, diabetes, and a			corrective action will be taken memory care resident	.All		
	history of pro	state cancer. He had			behavior-monitoring forms have	/e		
		in December of			been reviewed to identify any			
		sident's family			resident that is at risk for			
					elopement/wandering as indicated by resident			
		dentified his nature as			behaviors.Residents identified	l to		
	very active."	The resident had			be at risk for			

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00		
			B. WIN	IG		04/19/2	011
NAME OF	PROVIDER OR SUPPLIEI	}		1	ADDRESS, CITY, STATE, ZIP CODE		
				1	IVERWALK WAY NORTH		
RIVERW	ALK COMMONS			NOBLE	SVILLE, IN46062		
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TAG	+	LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
	behaviors, rec	orded in the resident			elopement/wandering as indicated by resident behavior	c	
	care notes, of	wandering into other			during the monthly at risk mee		
	resident room	s and exit-seeking			will be assessed using the	9	
	since his admi				Alzheimer's Disease/Dementia	a	
	Since ins admi	1551011.			Care Unit Assessment Tool to		
					ensure appropriate level of ca provided. What measures will I		
	The resident c	eare notes, dated			put in place or what systemic	<del>ان</del> -	
	3/16/11 at 8 p	.m., indicated the			changes you will make to ensu	ıre	
	resident was "	unable to be located"			that the deficient practice doe		
		g. The Certified			recur:Per policy will continue t	0	
	1				do prescreen evaluations to ensure resident meets level of	:	
	_	tants (CNAs) had			care requirements prior to		
	organized a re	oom to room search at			admission.Per policy residents	3	
	7:45 p.m. All	the doors were found			are evaluated every 6 months	to	
	to be secure, a	and all other residents			ensure appropriate level of		
	1	. The resident was			care.Community will change keypad codes monthly.Staff		
					members will escort visitors w	hen	
		e facility at 8:10 p.m.			entering and exiting the secure	ed	
	*	He had been found			unit.Will continue to have all		
	walking outside	de the building. The			responsible parties review and sign the Move In and Dischard		
	note also indic	cated no alarms had			criteria for Auguste's Cottage	je	
	sounded from	7:45 p.m. to 8:10			(memory care) prior to		
		isitors were noted			admission.Elopement/Missing		
	1 *				resident in-service was held o		
		it during that time.			3/17/11. This in-service will be held quarterly per	•	
	The maintenar	nce director changed			policy.Behavior-monitoring		
	the door secur	rity codes and fifteen			in-service scheduled for		
	minute checks	s were started on the			5/10/11.All resident behavior		
	resident The	resident had last been			monitoring forms will be review monthly during at risk meeting		
		unit at 7:45 p.m. His			ensure no other resident can be		
		•			identified as an elopement risk		
		r had not been able to			indicated by resident	,	
	find him when	n she arrived shortly			behaviors.Residents identified be at risk for	to	
	after 7:45 p.m	l <b>.</b>			elopement/wandering as		
	^				1 Supplied to the field of the grade of the		

NAME OF PROVIDER OR SUPPLIER  RIVERWALK COMMONS  SUMMARY STATEMENT OF DEPCENCIES TAG  SUMMARY STATEMENT OF DEPCENCIES TAG  Interview with the two CNAs who had been working that night were conducted on 4/18/11 from 3:00 p.m. to 3:30 p.m. CNA # 1 indicated the resident had been gone about 20 minutes from the unit when he was returned. She indicated both CNAs were doing showers when the resident eloped and she was unable to determine how the resident might have been able to leave. CNA # 2 indicated the resident had been in the courtyard earlier in the evening. She remembered because she gave him a banana when he came back into the facility. She had gone to the church next door to see if the resident was there. He was not there. She was unable to determine how the resident had been able to leave, but thought perhaps he had been able to guess the door code.  STRICT ADDRESS, CITY, STATE, 2PC CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062  SUMMARY STATE, AND AND AND AND ADDRESS CITY, STATE, 2PC CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062  SUMMARY STATEMENT OF DEPCENCES PROFITED AND COMPLETION CROSS-REFERENCED TO THE APPROPRIATE CROSS-RE		NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 04/19/2011
Table   Tabl				B. WIN		A DDDEGG CHEV CEATE THE CODE	04/13/2011
RIVERWALK COMMONS   NOBLESVILLE, IN46062   ID SUMMARY STATEMENT OF DEFICIENCIES   TAG   PREFIX   (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   Indicated by resident behaviors during the monthly at risk meeting will be assessed using the Alzheimer's Disease/Dementia Care Unit assessment tool to ensure appropriate level of care is provided. Memory Care Facilitator or designee will review behavior-monitoring forms 5x a week to identify a resident that is at risk for elopement as indicated by resident that is at risk for elopement as indicated by resident that is at risk for elopement as indicated by resident that is at risk for elopement as indicated by resident that behaviors. Clinical Director or designee will review the 24-hour report daily. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place. All resident behaviors during the monthly at risk meeting will be assessed using the Alzheimer's Disease/Dementia Care Unit assessment tool to ensure appropriate level of care is provided. Memory Care Facilitator or designee will review behavior-monitoring forms 5x a week to identify a review behavior-monitoring forms 5x a week to identify and it review action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place. All resident behavior monitoring forms will be reviewed monthly during at risk meeting will be assessed using the Alzheimer's Disease/Dementia Care Unit assessment tool to be at risk for elopement risk as indicated by resident to behaviors. Provided the provided that the place and provided the resident that the place and provided the provided to be at risk for elopement risk as indicated by resident to the provided that the provided that the place and provided the provided that the place and provided the provided that the place and provided the provided that the provided that the place and p	NAME OF	PROVIDER OR SUPPLIE	R				
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into the facility. She had gone to the church next door to see if the resident was there. He was not there. She was unable to determine how the resident had been able to leave, but thought perhaps he had been able to guess the door code  behaviors.Residents identified to be at risk for elopement/wandering as indicated by resident behaviors during the monthly at risk meeting will be assessed using the Alzheimer's Disease/Dementia Care Unit assessment tool to ensure appropriate level of care is		him a banana	when he came back				sk as
resident was there. He was not there. She was unable to determine how the resident had been able to leave, but thought perhaps he had been able to guess the door code  resident was there. He was not indicated by resident behaviors during the monthly at risk meeting will be assessed using the Alzheimer's Disease/Dementia Care Unit assessment tool to ensure appropriate level of care is		into the facility	ty. She had gone to				d to
there. She was unable to determine how the resident had been able to leave, but thought perhaps he had been able to guess the door code  indicated by resident behaviors during the monthly at risk meeting will be assessed using the Alzheimer's Disease/Dementia Care Unit assessment tool to ensure appropriate level of care is		the church ne	xt door to see if the				
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leave, but thought perhaps he had  been able to guess the door code  Alzheimer's Disease/Dementia  Care Unit assessment tool to ensure appropriate level of care is		1					eting
heen able to guess the door code ensure appropriate level of care is		how the resid	ent had been able to			_	ia
		leave, but tho	ught perhaps he had				
		been able to g	guess the door code.				
or designee will review						or designee will review	
Interview with the Clinical Director  behavior-monitoring forms 5 x a week.Clinical Director or		Interview with	h the Clinical Director			-	x a
(DON), on 4/18/11 at 11:30 a.m., designee will review the 24-hour		(DON), on 4/	18/11 at 11:30 a.m.,			designee will review the 24-h	our
indicated the resident had been report daily. By what date the systemic changes will be		indicated the	resident had been				
exit-seeking and wandering into		exit-seeking a	and wandering into				

AND PLAN OF CORRECTION    DENTIFICATION NUMBER:   A BUILDING   Q			X1) PROVIDER/SUPPLIER/CLIA	ICATION NUMBER: 00 COMPLETED				
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS  INTERPRETATION OF PROVIDER OR SUPPLIER RIVERWALK COMMONS  INTERPRETATION OF PROVIDER OR SUPPLIER TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PERCEDED BY FULL TAG  other resident rooms since admission. She indicated the resident had walked 0.4 miles on a busy highway (State Road 32) or had gone across two fields. She was not sure which way he had gone. She also indicated the staff had been looking for ways to keep him busy and use his energy productively since his admission. She indicated she staffed the unit with two CNAs and a nurse on the evening shift. She indicated one CNA worked until 10 p.m. and the other worked until 8 p.m.  She presented a care plan, dated 3/6/11, which indicated the following interventions to be tried: "move to a quiet area, remove him from others rooms, take him outside for some fresh air in the courtyard, toss a ball back and forth with him, sit down with him and go through a	AND PLAIN	OF CORRECTION	IDENTIFICATION NUMBER.	1				
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CX3-11D   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL (EACH DEFICIENCY MUST BE PERCED BY FULL (EACH DEFICE BY	NAME OF F	NAME OF PROVIDER OR SUPPLIER			1			
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"move to a quiet area, remove him from others rooms, take him outside for some fresh air in the courtyard, toss a ball back and forth with him, sit down with him and go through a		3/6/11, which	indicated the					
from others rooms, take him outside for some fresh air in the courtyard, toss a ball back and forth with him, sit down with him and go through a		following inter	rventions to be tried:					
for some fresh air in the courtyard, toss a ball back and forth with him, sit down with him and go through a		"move to a qui	iet area, remove him					
toss a ball back and forth with him, sit down with him and go through a		from others ro	oms, take him outside					
sit down with him and go through a		for some fresh	air in the courtyard,					
		toss a ball bacl	k and forth with him,					
magazine or the newspaper, ask		sit down with	him and go through a					
inagazine of the newspaper, ask		magazine or th	ne newspaper, ask					
him to help you find the items in								
the Tupperware container of rice,		the Tupperwar	re container of rice,					
ask that he help with folding the		ask that he hel	p with folding the					
towels, sit and talk with him, show		towels, sit and	talk with him, show					

STATEMEN	ATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	URVEY	
AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BIII	LDING	00	COMPLE	ETED	
			A. BUILDING B. WING				04/19/2011	
		<u></u>		_	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF I	NAME OF PROVIDER OR SUPPLIER			7235 RI	IVERWALK WAY NORTH			
	ALK COMMONS			NOBLE	SVILLE, IN46062			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE.	COMPLETION DATE	
IAG		room is, determine if		IAG			DAIL	
		nd provide him with a						
	1	-						
		play a game of cards						
	with him, be p	eatient."						
	The care plan	had been updated on						
	3/17/11 to incl	lude the following:						
	"take on sched	luled walks between						
	1:30 p.m. and	2:00 p.m. and again						
	_	-						
	between 6:30 and 7:00. If he continues to be restless in the							
	1	nim on another walk						
	l ' '	provide him with the						
	erector set or t	the engine model for						
	him to work o	n. Once the model						
	engine is com	plete let me know;						
	between taking	g care of other						
	1	k to see were (sic)						
		me) is; (Resident's						
	· '							
	name) son stated that he has gospel music in his room and this is soothing to him."							
		1 1 1						
		are notes, dated						
		ated the resident had						
	pulled the fire	e alarm." The notes,						
	dated 4/6/11, i	ndicated he was						
	"wandering in	to other resident						
	·	p.m. to 11:30 p.m."						
		P to 11.00 p.m.						

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED 04/19/2011
			B. WING	ADDRESS, CITY, STATE, ZIP CODE	0 17 10/2011
NAME OF F	PROVIDER OR SUPPLIER			IVERWALK WAY NORTH	
	ALK COMMONS		NOBLE	SVILLE, IN46062	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
PREFIX TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)	TE COMPLETION DATE
1110		he facility." The	i i i i i i i i i i i i i i i i i i i		DATE
		15/11 at 1 a.m.,			
		it a CNA while she			
	was trying to c	lo a linen change.			